

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 West Washington Street, Room E239
Indianapolis, Indiana 46204
Telephone: (800) 666-7784
Fax: (317) 233-0497

INSTRUCTIONS: Please print or type.

Name of course				
Course number			Date received (month, day, year)	
		LEAD INSTRUCTOR INF	ORMATION	
Name of instructor				Certification Number and E-Mail Address
Address (number and street, city, state, an	d ZIP code)			
County of residence	Home to	elephone number (including a	rea code)	Work telephone number (including area code)
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		COURSE LOCATION IN	COMATION	
COURSE LOCATION INFORMATION Course location				
Address (number and street, city, state, and ZIP code - no post office box)				
If the course practical will be conducted at a different location, please provide that location here.				
in the course practical will be contacted at a different focation, produce provide that focation note.				
Telephone number at class location (including area code)				
PRACTICAL SKILLS EVALUATOR INFORMATION				
LEAD EVALUATOR INFORMATION Name of lead evaluator			ORMATION	Certification Number and E-Mail Address
Traine of lead evaluator				Certification Number and E-Wall Address
Address (number and street, city, state, an	nd 71P code - no nost office	a hov)		
Address (number and street, city, state, an	u zii code - no post omce	, DOX)		
County of residence	nty of residence Home telephone number (including		rea code)	Work telephone number (including area code)
County of rootsofton	1)	ou coucy	()
EVALUATOR INFORMATION (if more than three (2) and under to be used as				you was the healt of this forms
EVALUATOR INFORMATION (if more than three (3)evaluators to be used, pleased, pleased				Evaluator certification number
Name of evaluator				Evaluator certification number
Name of evaluator				Evaluator certification number
				1
Date class starts (month, day, year)	Number of students	Necd On the 18	l-	Onen Olegad Olega
		Need Student M	anuais	OpenClosed Class